VOLUNTARY PAYMENT FORM

Michigan Department of Labor & Economic Growth Workers' Compensation Agency/Board of Magistrates P.O. Box 30016, Lansing, MI 48909

(Personal Service)	(Mailed)	
Day of	20	
Magistrate/Mediator (Please Print)		

				Magistrate/Mediator (Flease Film)	
Plai	ntiff		Defendant		
Plaii	ntiff's Social Security Number		Date of Injury		
The plaintiff and defendant agree that the plaintiff's Application for Mediation or Hearing is withdrawn. The defendant agrees to pay benefits on a voluntary basis in accordance with the following:					
a.	Weekly benefit rate	·			
	Less benefits to be coordinated	*			
	Subtotal				
	Plus supplemental benefit				
	TOTAL				
	Benefits to be paid for the period from		through		
b.	Medical expenses to be paid? Yes If yes, to whom?	□No			
c.	Reimbursement to group carrier? Yes	☐ No			
d.	Atty. fee to be charged Percent%	Amount \$			
	Atty. Fed. I.D.#		_		
e.	Amount of interest to be paid \$		_		
f.	Additional agreements (attach additional sha				
Neither the payment of compensation nor the accepting of same by the employee or his/her dependents shall be considered as a determination of the rights of the parties under this Act.					
All benefits become due and payable on the day of personal service or the mailing date.					
	Plaintiff			Defendant	
Representative of Plaintiff Representative of Defendant				Representative of Defendant	
	Date			Magistrate/Mediator	